

---

---

<b>Purpose</b>	<p>To identify the forms available for use with the Nebraska WIC program client sanction system.</p> <p>To identify when each form should be used to assess client sanction issues.</p>
<b>Forms Available</b>	<p>Several forms are available for use in determining client and vendor sanctions or when evaluating program integrity issues which have been identified.</p> <p>The forms available are:</p> <ul style="list-style-type: none"><li>• <b>Nebraska WIC Integrity Screening Form</b> – Used as the initial form to screen incidents, which are verbally brought to the attention of program staff. The form may be found as page 6b-c of this procedure.</li><li>• <b>Client Integrity Follow-up Form</b> - Used to follow up reported incidents which are related to client integrity. Examples would be: using checks inappropriately at a vendor, dual participation, misrepresentation of information given to WIC, physical abuse, redeeming checks reported as lost or stolen, and exchanging formula without prior approval. The form may be found as page 6d-e of this procedure.</li><li>• <b>Clinic Services Integrity Follow-up Form</b> – Used to follow up reported incidents, which are related to clinic issues. Examples would be: concerns about clinic hours, locations, or staff, concerns regarding specific policies and procedures, concerns about WIC foods or formula approval, concerns about fraud/abuse involving WIC staff. The form may be found as page 6f-g of this procedure.</li><li>• <b>Vendor Integrity Follow-up Form</b> – Used to follow up reported incidents, which involve vendors. Examples would be: not being allowed to purchase everything listed on a check, concerns regarding vendor staff, concerns regarding use of WIC checks at a vendor, concerns regarding vendor inventory, concerns about vendors exchanging WIC foods for cash. The form may be found as page 6h-i of this procedure.</li><li>• <b>Discrimination Follow-up Form</b> – Used to follow up reported incidents, which are determined to be possible discriminatory actions or situations. Examples would be: Staff or vendors treating someone differently, because they are members of a different racial group, clinics or vendors not accessible for disabled persons. The form may be found as page 6j-k of this procedure.</li></ul>

---



**Clinic Services Integrity (some examples could include):**

- Concerns regarding specific policies or procedures
- Concerns about WIC food packages or formula approval
- Concerns about scheduling appointments
- Concerns about rude staff (if not considered discrimination)
- Concern about fraud/abuse involving WIC staff

**Vendor Integrity (some examples could include):**

- Concerns regarding cleanliness of store
- Concerns regarding store workers (if not considered discrimination)
- Concerns regarding specific foods purchased at store
- Concerns regarding availability of WIC foods in store
- Concerns regarding vendor acceptance of WIC check prior to first date to use or after last date to use
- Concerns regarding a vendor altering a WIC check
- Concerns regarding vendor accepting a presigned WIC check
- Concerns regarding store failure to clearly mark purchase price for WIC foods
- Concerns regarding price of WIC foods
- Concerns regarding vendor allowing shopper to purchase non-eligible foods with WIC check
- Concerns regarding vendor allowing substitutions for infant formula
- Concerns regarding vendor requiring WIC shopper to pay the difference or return the prescribed items when the actual purchase price exceeds the maximum purchase amount
- Concerns regarding vendor accepting WIC checks designated to another store (w/o approval)
- Concerns regarding vendor offering rain checks to the WIC shopper
- Concerns regarding vendor requiring shopper to sign the WIC check before the purchase price is completed and/or failing to record purchase price on check at time of purchase
- Concerns regarding vendor collecting sales tax on WIC food purchases
- Concerns regarding vendor exchanging cash or credit for WIC checks
- Concerns regarding vendor receiving WIC checks from unauthorized persons
- Concerns regarding vendor exchanging non-food items such as soap, beer, paper goods for WIC check.

**Discrimination Complaints:**

- Discrimination due to race, color, nationality, sex, or disability

**Client Integrity/Client Abuse: (Possible sanctionable actions)**

- Purchase of non-allowable foods with WIC checks
- Physical abuse
- Misrepresentation of information given to qualify for WIC
- Sale or exchange of WIC checks for money or food
- Dual participation
- Redeeming checks reported as lost or stolen
- Altering a WIC check
- Redeeming a WIC checks after the last date to use
- Exchange of formula without prior approval
- Pre-signing WIC checks
- Verbal abuse

## **CLIENT INTEGRITY FOLLOW-UP FORM**

Client Name:

ID #:

Responsible Party:

Family ID#:

Date of Incident:

Date Incident Became Known to Staff:

**STEP 1:** Review documentation on screening form. Gather additional information if needed.

**STEP 2:** Review check(s) if applicable. Attach copy (ies).

**STEP 3:** List the main points of the incident

- 
- 
- 
- 

**STEP 4:** Determine if sanction points need to be assigned.

☐ Sanction Warranted  
(Go to Step 5)

☐ Sanction Not Warranted

**STEP 5:** Determine number of sanction points to assign for this incident.

- Less than 20 points assigned by local agency
- 20 points or more assigned by state agency

\_\_\_\_\_ Points Assessed (this incident)      Effective Date\_\_\_\_\_      Expiration Date\_\_\_\_\_

**STEP 6:** Sanction letter including education sent to responsible party. Attach a copy of the letter.

**STEP 7:** Sanction points entered into family record.

**STEP 8:** Determine total active sanction points for family

\_\_\_\_\_ Total Active Points (If total is 20 points or more forward to state WIC office)

**STEP 9:** Follow up on any additional information identified from contact by responsible party  
Attach information.

**STEP 10: FOR SANCTION POINT TOTALS of 20 or MORE POINTS** – Review file and documentation if applicable. Determine follow up needed for this case.

\_\_\_\_\_ Previous Sanction Point Total

\_\_\_\_\_ New Sanction Point Total

Action Taken:

o Disqualification

o Alternate Proxy

o Other \_\_\_\_\_

Date Action Effective: \_\_\_\_\_

Length of Time Effective: \_\_\_\_\_

Claim Assessment Needed?    ☐ YES            ☐ NO

Comments:

**Step 11:** Local and/or State WIC Staff Person(s) Who Worked With File:

# CLINIC SERVICES INTEGRITY FOLLOW-UP FORM

Complainant Name:

Date:

State Staff Conducting Review:

**STEP 1:** Review documentation on screening form.

**STEP 2:** Gather additional information needed from complainant and/or agency files. Attach copies.

**STEP 3:** List the main points from incident to be shared with appropriate staff (complete prior to interview)

- 
- 
- 
- 

**STEP 4:** Contact appropriate staff. Point out issues identified. Identify staff involved with the incident. Get staff's side of the story.

**Step 5:** Statement from staff interviewed (attach additional statements):

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Staff Name \_\_\_\_\_ Date \_\_\_\_\_

**STEP 6:** Follow up on any additional information identified from staff's statement(s). Attach information.

**STEP 7:** List identified areas/situations which need to be addressed by local agency.

- 
- 
- 
- 

**STEP 8:** Contact appropriate staff and discuss the information identified in step 7 above.

**STEP 9:** In conjunction with appropriate staff develop an action plan which addresses each of the identified areas or situations. The plan should include the corrective action to be taken and when it will be implemented.

#1 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#2 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#3 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#4 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attach additional sheets if needed.

Date Discussed \_\_\_\_\_ L.A. Representative \_\_\_\_\_

Name \_\_\_\_\_

State Staff Name (if applicable) \_\_\_\_\_

Incident Closed:

Date \_\_\_\_\_ By :( staff name)

\_\_\_\_\_

NEBRASKA WIC PROGRAM  
Vendor Integrity Follow-up Report

Vendor Name \_\_\_\_\_

Vendor ID No. \_\_\_\_\_

Date of Contact \_\_\_\_\_

Type of Contact:

- \_\_\_\_ a. On-site visit to store
- \_\_\_\_ b. Telephone
- \_\_\_\_ c. Mail
- \_\_\_\_ d. Vendor visits local WIC agency

The purpose for the follow-up contact with the vendor:

A. \_\_\_\_ Follow-up of reports(s) of:

\_\_\_\_ Complaint from client regarding vendor;

(Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_ Follow-up of previous monitoring visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is/Are the problem(s) resolved? (Explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_ Follow-up on check errors: \_\_\_\_\_

Specify check problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. \_\_\_\_ Training (Specify topics): \_\_\_\_\_

\_\_\_\_\_

Names of attendees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Primary WIC Vendor Contact at Store

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of WIC Reviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of WIC Reviewer



## WIC PROGRAM DISCRIMINATION FOLLOW-UP FORM

Complainant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Received at: ☐ Local Agency

☐ State Agency

**STEP 1:** Review documentation on screening form. Gather additional information if needed.

**STEP 2:** Check which basis the complainant feels discrimination exists.

☐ Race

☐ Age

☐ National Origin

☐ Color

☐ Sex

☐ Disability

**STEP 3: If Incident Is Reported To Local WIC Agency:**

Make a copy of the Program Integrity Screening Form and Discrimination Follow-up Form for agency files. Forward the original copies to the State WIC Office within 5 working days of receipt or report.

Date Sent to State WIC Office: \_\_\_\_\_

Sent By: \_\_\_\_\_

**STEP 4: If Incident Is Reported To The State WIC Office:**

Make a copy of the Program Integrity Screening Form and this follow-up form and send to the Civil Rights Director at USDA Regional Office within five days of receipt of incident.

Date Sent to Regional Civil Rights Office: \_\_\_\_\_

Sent By: \_\_\_\_\_

**STEP 5:** Send a copy of the Program Integrity Screening Form and this follow-up form to the State WIC Clinic Services Coordinator for the incident to be logged on to the Discrimination Log.

Date Sent to Clinic Services Coordinator: \_\_\_\_\_

Sent By: \_\_\_\_\_

**STEP 6:** Log the Incident into the Discrimination Log.

Date Logged: \_\_\_\_\_

Logged By: \_\_\_\_\_

**STEP 7:** File original copy of forms into Complaint File.

**STEP 8:** Additional Follow-up Needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach Documentation)